UCSF Educational Skills Workshop

Creating and Assessing Curricular Materials for Equity and Inclusion

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The Center for Faculty Educators, in collaboration with Differences Matter and the Office of Diversity and Outreach, launched a certificate in Teaching for Equity and Inclusion that builds on DEI Champion training.

**Goal:** To prepare UCSF educators with best educational practices to incorporate equity and inclusion in didactic and clinical settings.

**Faculty:** Kate Lupton, MD, lead, along with a multidisciplinary group of health professions faculty.

**Enroll and register for workshops:** [http://tiny.ucsf.edu/T4UCSFTEI](http://tiny.ucsf.edu/T4UCSFTEI)
Disclosures

• None
Acknowledgements

• Dr. Kate Lupton
• Dr. Meghan O’Brien
• Differences Matter Group 3
• Department of Emergency Medicine – Medical Education WIP
• Morgan Kelly, Michael Deng
• The students and faculty of UCSF
Prepare to Zoom

- Cameras on please!
- Brady bunch style
- Unmute yourself with the space bar
- Raise hand for question/comment
- Use the chat box to respond to questions, ask questions, or offer favorite frames
- Have phone nearby
- Pull up [www.mentimeter.com](http://www.mentimeter.com) and enter code: ***
Ground Rules

• Diversity, equity and inclusion work is a lifelong process
• We don’t have all the answers
• Do not expect to be an expert by the end of this workshop
• Strive for “brave” space:
  • Step up and step back
  • Assume positive intent
  • Take issue with ideas not with people
  • Approach discomfort with inquiry
Learning objectives

• Describe structural bias and the role of faculty and curricula in perpetuating vs interrupting stereotypes and bias in medical education

• Apply a standardized tool/rubric to curricular materials in order to minimize bias and stereotyping

• Model critical curricular evaluation to peers and colleagues
Part one
Intro &
Warm-up
**THE KOEZE-DOTTLE TEST**

Rachael Dottle and Ella Koeze: journalists — we helped do this project

**A movie passes if:**

- The supporting cast is 50 percent women

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**Source:** The Next Bechdel Test
THE VILLALOBOS TEST

Ligiah Villalobos: producer; head writer of "Go, Diego, Go!"

A movie passes if:

- The film has a Latina lead
- And the lead or another Latina character is shown as professional or college educated, speaks in unaccented English, and is not sexualized

Source: The Next Bechdel Test
THE WHITE TEST

Jen White: director of photography; International Cinematographers Guild member

A movie passes if:

- Half of the department heads are women
- Half the members of each department are women
- And half the crew members are women

0 passed

All 50 failed

Source: The Next Bechdel Test
Thoughts, feelings, reactions?
Part two
DEI Refresher
Considering identities

Open Mentimeter.com, enter code: ***

Part 1: Name all aspects of identity you can think of.
Part 2: Which of these identities need more visibility or to be addressed more equitably in curriculum and assessment?
Shared Lexicon

1. Break out into groups of 3.
2. Identify a wisdom keeper.

3. Define the following:
   • Stereotype
   • Stereotype threat
   • Implicit Bias
DEI Terms – Our Definitions

• **Stereotype**: a widely held but fixed and oversimplified image, belief, or idea of a particular person, group, or thing.

• **Stereotype threat**: the threat of being viewed through the lens of a negative stereotype, or the fear of doing something that would inadvertently confirm that stereotype.

• **Implicit Bias**: social stereotypes about certain groups of people that individuals form outside their own conscious awareness.

**Source:** Steele, 1999

UCSF OCO
Thoughts, feelings, reactions?
Structural Bias
Structural Bias
Stereotyping for the USMLE: How To Discriminate Your Way To The Top
Race/Ethnicity

African Americans have sarcoid and sickle cell.
Africans have Burkitt’s, malaria, sleeping sickness, or worse.
White kids have cystic fibrosis and can’t dance.
Jewish girls have ulcerative colitis or crohn’s.
Eastern Europeans have glycogen storage diseases (oy vey!).
Gorgeous Mediterranean men have beta thalassemia.
Japanese people have stomach cancer and ninja skills.
Peruvians have huge lungs, hypoxia, and polycythemia.
Native Americans are obese, have diabetes, high cholesterol, and gallstones.
Indians (from India) have TB and oral cancer from chewing Betel nuts.
Immigrants all have a disease that we can prevent with a vaccine.
Central Americans have Chagas and can dance the tango.
Mexican Kids have lead poisoning (lead-laced candy was a bad call, vatos).
French people - particularly from Paris, that dirty, dirty city - have toxoplasmosis.
Asians have alpha thalassemia, Takayasu Arteritis, and asian glow.
Americans are fat. Actually, that’s just an observation of mine.
"Urban" patients present to the ER with knife wounds that conveniently test your knowledge of anatomy.

Source: You Can’t Tell a Book By it’s Cover
Diseases Drake is at risk for developing

- FSGN
- Malignant HTN
- Sarcoidosis
- Lactose Intolerance
- Keloid Scars
- α-thalassemia
- Sickle cell disease
- SLE

Black daddy

White Jewish mom

- Tay-Sachs
- Nieman Pick's
- Gaucher's disease
- Cystic Fibrosis
- Spinal muscular atrophy
- Fanconi anemia

pancreatic carcinoma
malignant breast cancer

Source: You Can’t Tell a Book By it’s Cover
Patient outcomes

• 33% of transgender patients had bad experience at doctor offices and 23% didn’t seek healthcare – *Transgender Survey 2015*

• *Black patient less likely to get pain control, white medical students believe biologically less pain in black people* – *Hoffman 2016*

• Physicians 4x more likely to recommend arthroplasty to men rather than women – *Borkhoff 2008*
Patient outcomes

• More common perception that low SES women have unintended pregnancies and STIs than high SES women – Dehlendorf 2010

• Medical students who attribute obesity to patient’s choices give worse counseling on weight loss – Fang 2019
Real-Life Case – When a scar isn’t a scar
Effect on learners
Part three: Creating a Checklist
Why a Checklist?

- Simple to use
- Standardizes processes
- Can help with blind-spots
Do you have examples of equitable education or curriculum?

• Welcoming space in a team you worked on?
• Good presentation or grand rounds topic addressing identity?
• A good outcome for you or your patients or learners?
What would you want in a checklist to prevent bias and promote equity in educational material?
<table>
<thead>
<tr>
<th>Theme</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representation</td>
<td>□ Who is represented in your material?</td>
</tr>
<tr>
<td></td>
<td>□ If you are presenting data based on identity, is it actually relevant</td>
</tr>
<tr>
<td></td>
<td>□ Do you use person first language?</td>
</tr>
<tr>
<td></td>
<td>□ Are representations positive, affirming, and uplifting of oppressed</td>
</tr>
<tr>
<td></td>
<td>communities?</td>
</tr>
<tr>
<td>Stereotyping</td>
<td>□ Have you scanned for and eliminated stereotypes?</td>
</tr>
<tr>
<td></td>
<td>□ If you change the race, does the description still apply?</td>
</tr>
<tr>
<td>Disparities and structural inequalities</td>
<td>□ Do you address structural causes for health disparities?</td>
</tr>
<tr>
<td></td>
<td>□ Do you appropriately identify racism (as opposed to race) as a risk</td>
</tr>
<tr>
<td></td>
<td>factor for disease?</td>
</tr>
<tr>
<td>Structure</td>
<td>□ If dealing with a sensitive or challenging topic, is there appropriate</td>
</tr>
<tr>
<td></td>
<td>space to debrief?</td>
</tr>
<tr>
<td>Context</td>
<td>□ Does the material enhance the diversity of the larger curriculum?</td>
</tr>
<tr>
<td>Feedback</td>
<td>□ Have you asked for feedback from learners?</td>
</tr>
<tr>
<td></td>
<td>□ Have you consulted experts on the topic?</td>
</tr>
<tr>
<td>Impact</td>
<td>□ Who benefits and who is burdened?</td>
</tr>
</tbody>
</table>
Part four: Practice Material
Practice cases!

• Divide into 3 groups A, B, C
• Apply the checklist to the cases (15 min)
• Refine the tool as you go, keep track of revisions to share back
Thoughts, feelings, reactions?
Learning objectives

• Describe structural bias and the role of faculty and curricula in perpetuating vs interrupting stereotypes and bias in medical education

• Apply a standardized tool/rubric to curricular materials in order to minimize bias and stereotyping

• Model critical curricular evaluation to peers and colleagues
Next steps

• Model creation and evaluation of equitable teaching materials
• Study affirming outcomes and examples of DEI in education
• Study impact of curricular changes on students
Thank you


References


